

ATTACHMENT E

MONTHLY SERVICE SCHEDULE

| | |
|-------------------------------------|---|
| Agency Name _____ _____ _____ | HIV Prevention Intervention Target Population(s) _____ _____ |
| Site _____ | |
| Address _____ _____ | Phone Number _____ Fax Number _____ |

| | <i>Monday</i> | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i> | <i>Friday</i> | <i>Saturday</i> |
|-------------------|----------------------|-----------------------|-------------------------|------------------------|----------------------|------------------------|
| WEEK ONE | | | | | | |
| Service | | | | | | |
| Hours | | | | | | |
| WEEK TWO | | | | | | |
| Service | | | | | | |
| Hours | | | | | | |
| WEEK THREE | | | | | | |
| Service | | | | | | |
| Hours | | | | | | |
| WEEK FOUR | | | | | | |
| Service | | | | | | |
| Hours | | | | | | |
| WEEK FIVE | | | | | | |
| Service | | | | | | |
| Hours | | | | | | |